

IC52 ELECTION OF COVERAGE

The undersigned hereby notifies the Industrial Commission of the following:

(Check the Appropriate Box)

☐ *Election*

☐ *Revocation of Election*

- ☐ Household domestic service.
- ☐ Casual employment.
- ☐ Employment of outworkers.
- ☐ Employment of members of an employer's family dwelling in his household.
(applies only to sole-proprietorships)
- ☐ Employment which is not carried on by the employer for the sake of pecuniary gain.
- ☐ Employment as the owner of a sole proprietorship
- ☐ Employment of a working member of a partnership or a limited liability company
(circle either partnership or limited liability company; if the election applies only to certain partners/members, name the covered partners/members.)
- ☐ Employment of an officer of a corporation who at all times during the period involved owns not less than ten percent (10%) of all of the issued and outstanding voting stock of the corporation and, if the corporation has directors, is also a director thereof. *(if the election applies only to certain corporate officers, name the covered officers)*
- ☐ Employment for which a rule of liability for injury, occupational disease, or death is provided by the laws of the United States.
- ☐ Pilots of agricultural spraying or dusting planes.
- ☐ Associate real estate brokers and real estate salesmen paid solely by commission.
- ☐ Volunteer ski patrollers.
- ☐ Officials of athletic contests involving secondary schools.

(Name of Insurance Company)

Policy Number _____

Insured Name _____

Effective Date of Election/Revocation _____

(Signature of authorized representative)

(Employer's signature)